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CONFIRMATION NO. 2135

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| SERIAL NUMBER 10/826,654 | FILING OR 371(c) DATE 04/19/2004 RULE | CLASS 435 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. 020187.0208PTUS |
| APPLICANTS James Nadeau, Ellicott City, MD; Tobin Hellyer, Westminster, MD; Dolores Berger, Baltimore, MD; William Nussbaumer, Baltimore, MD; Robert Rosenstein, Ellicott City, MD; Andrew Kuhn, Baltimore, MD; Sha Sha Wang, Cockeysville, MD; Keith Thornton, Owings Mill, MD; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/463,712 04/18/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/14/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u> | | STATE OR COUNTRY MD | SHEETS DRAWING 84 | TOTAL CLAIMS 114 |
| INDEPENDENT CLAIMS 14 | | | | |
| ADDRESS 44640 | | | | |
| TITLE Immuno-amplification | | | | |
| FILING FEE RECEIVED 3538 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |